## L19000092642

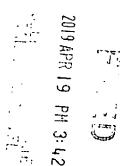
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Se Division of Co		•	
SUBJE	NEX	US DIRECT	LLC	
	,e.r	٨	lame of Limited Liabilit	y Company
Dear S	ir or Madam;			
The en	closed Statement	of Correction and fee(s) a	re submitted for filing.	
Please	return all corresp	ondence concerning this n	natter to the following:	
DC	NALD F	ROTONDE		
	•	Name of Person		
NE	XUS DI	RECT LLC		
		Firm/Company		
1851	I RENAISS	ANCE COMMONS	S BLVD # 1616	
		Address		
ВС	YNTON	I BEACH, FI	L 33426	
	(	lity/State and Zip Code		
DR	OTONE	DE@GMAIL.	.COM	
E	-mail address: (to	be used for future annual	report notification)	
For fur	ther information	concerning this matter, ple	ease call:	
DC	NALD F	ROTONDE		441-4758
	Name	of Person	at () Area Code	Daytime Telephone Number
Registr Divisio Clifton 2661 E	ET/COURIER A ration Section on of Corporation Building executive Center ( assee, Florida 32)	s Circle	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclos	ed is a check for	the following amount:		
S25	Filing Fee	■ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan <u>FIRST</u> :	The name of the limited liability company is: NEXUS DIREVOT LLC.
SECON THIRD	NEYLIS DIRECT LLC
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
$\Rightarrow$	I MADE A TYPO MISTAKE ON THE NAME WITH EXTRA LETTER "V". THE CORRECT NAME IS NEXUS DIRECT LLC.
	PLEASE MAKE THE REQUESTED CORRECTION ON THE SPELLING.
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>OR</u>
	The electronic transmission of the record was defective.  4-9-19  Signature of Authorited Representative  Date
	e of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign g the designation).
I hereby provisio obligatio	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the as of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address. I hereby confirm that the limited liability company has been notified in writing sange.
	Registered Agent's Signature

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: